



Please type a plus sign (+) inside this box -+ +

PTO/SB/01 (12-97)

P10/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR LITHETY OR	Attorney Docket Number	CJK-10E				
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	Kramer, Charles J.				
PATENT APPLICATION	COMPLETE IF KNOWN					
(37 CFR 1.63)	Application Number					
	Filing Date					
	Group Art Unit					
with Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)	Examiner Name					

As a below named inventor, I he	reby declare that:					
My residence, post office address,	and citizenship are	as stated below	next to my i	name.		
I believe I am the original, first and names are listed below) of the sub						
"Diffraction Grating-E	Based Wavele	ength Selec	tion Un	it Having	Improved	
Polarization Depender	nt Performano	ce""				
the specification of which is attached hereto	(Titl	e of the Invention	n)			
OR was filed on (MM/DD/YYYY)		as United	States Applicat	ion Number or P	CT International
Application Number	and w	as amended on	(MM/DD/YY	YY)		(if applicable).
I hereby state that I have reviewed a amended by any amendment specif			bove identif	fied specification	, including the cla	aims, as
I acknowledge the duty to disclose i	nformation which is	material to pater	tability as c	defined in 37 CF	R 1.56.	
I hereby claim foreign priority beneficertificate, or 356(a) of any PCT intl America, listed below and have also or of any PCT international application	emational application	on which designate checking the bo	ated at lea x, any forei	st one country on application fo	other than the U or patent or inven	Inited States of
Prior Foreign Application Number(s)	Country	Foreign Fili (MM/DD/		Priority Not Claimed	Certified Co	ppy Attached?
Additional foreign application num	nbers are listed on a	supplemental pr	iority data s	sheet PTO/SB/0	2B attached here	to:
I hereby claim the benefit under 35						- <u> </u>
Application Number(s)	Filing Date	e (MM/DD/YY)	Υ)			
				numbe supple	nal provisional rs are listed or mental priority B/02B attache	n a data sheet

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) inside this box ->

PTO/SB/01 (12-97)
us sign (+) inside this box

+ Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLA	<u> RATIO</u>	<u>N –</u>	<u> U </u>	<u>tilit</u>	y or l	Desig	<u>n</u>	<u>Pate</u>	nt /	<u> </u>	<u>olicati</u>	on
Ihereby claim the ben United States of Ame United States or PCT information which is n and the national or PC	rica, listed below International appl naterial to patenta	and, ins lication in ability as	sofar as n the ma defined	s the sut anner pr d in 37 C	oject matte ovided by t CFR 1.56 w	r of each of the first parag	he rap	claims of the h of 35 U.S.	is applic C. 112. I	cation i Lackno	s not disclose wledge the du	ed in the prid tv to disclos
U.S. Pa	U.S. Parent Application or PCT Parent Number							ing Date		Par	ent Patent (if applica	
	80,769					April 20, 2001 February 9, 2001 January 16, 2001						
As a named inventor, t and Trademark Office	hereby appoint to connected therew	ne follow rith: X	OR OR	ner Num	ber [27]	57				-11	A Label	n the Paten
Nai	ne	<u> </u>	Kegiste	Regist	name/registration number listed Name				PATENT TRADEMARN Under			
		·								•		
Additional register	ed practitioner(s)	named o	nsupple	emental	Registered	Practitioner I	nfo	rmation she	etPTO/	SB/020	C attached he	reto.
Direct all correspond		Custon or Bar (OR	C	orresp	ondence ad	dress belo
Name					27	157						
Address				<u>-</u>	TATENT IN	DEMARK OFFI	331					
Address						- 						
City						State Z			ZIP	ZIP		
Country			Te	lephon	ie	Fax						
I hereby declare that a believed to be true; as punishable by fine or application or any pate	nd further that the imprisonment, or	ese state both, u	ements	were m	iade with th	ne knowledge	e th	nat willful fa	ise state	ements	and the like	so made ar
Name of Sole or	lame of Sole or First Inventor:					A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])					Family Name or Surname							
Charles J.		<u></u>				Kramer	•				<u> </u>	
Inventor's Signature	Charl	5 1		ras	nh						Date 🖊	1//25/
Residence: City	Webster	bster // _{State} NY		NY	Country US			Citizenship US				
Post Office Address	718 Marir	ner Ci	rcle									
Post Office Address												
City	Webster	State	NY		ZIP	14580			Cou	ntry	US	
Additional invent	ors are being na			sui	oplementa	al Additional	l In	ventor(s) s	heet(s)	PTO/	SB/02A atta	ched here